



# 2023 PACIFIC GAMES OFFICE

## Approval /Signature Required

Supplier Name: Glenn Campbell - Student pick/drop off

- |                      |                                     |                                  |                  |
|----------------------|-------------------------------------|----------------------------------|------------------|
| 1) Minute            | <input type="checkbox"/>            | Sign by FC _____                 | Sign by ED _____ |
| 3) Requisition       | <input type="checkbox"/>            | Sign by Compliance officer _____ | _____            |
| 2) Requisition       | <input checked="" type="checkbox"/> | Sign by FC <u>[Signature]</u>    | Sign by ED _____ |
| 3) Payment Voucher   | <input checked="" type="checkbox"/> | Sign by FC <u>[Signature]</u>    | Sign by ED _____ |
| 4) LPO               | <input type="checkbox"/>            | Sign by FC _____                 | Sign by ED _____ |
| 5) IB Authorisations | <input checked="" type="checkbox"/> | Sign by FC <u>[Signature]</u>    | Sign by ED _____ |

22/8/23

Comments:

ED  
Please sign for student pick up and drop of NHA staff.



### Transaction or Request Lodgement Receipt

**Transaction or Request Description:** ANZ to Other Bank Transfer  
**Transaction or Request Status:** Posted  
**Date / Time:** 22/08/2023 16:09  
**Transaction Number:** AGV70663

**Transaction Details:**

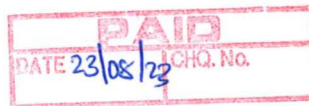
ANZ to Other Bank Transfer

From Account: 5691140  
 Transfer Amount in Local Currency: SBD 15,000.00  
 Transfer From Amount: SBD 15,000.00  
 Indicative :  
 My Reference: Student Pickup

Payment Details

Account Name: Glen Campbell  
 Account Number: 20103663423019  
 Bank Name: Bred Bank  
 Reference To Payee : INV#05-NHA

Pay Date : 22/08/2023



**Comments:**

\*\*\*\*\* Authorisation Details \*\*\*\*\*  
 22/08/2023 16:09 Pauline Tovua  
 Authorisation Required for : ANZ to Other Bank Transfer (2A)  
 23/08/2023 11:00 Christian Nieng  
 Authorised -ANZ to Other Bank Transfer  
 Comments : verified  
 23/08/2023 11:40 Debbie Ofaeri Sifoni  
 Authorised -ANZ to Other Bank Transfer  
 23/08/2023 11:40 Debbie Ofaeri Sifoni  
 Transaction Processed  
 \*\*\*\*\*

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## Your Reference

\* Important Information displayed on ANZ Internet Banking screen is not shown on this printout

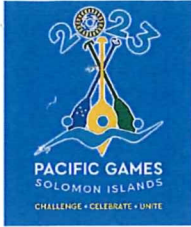
## Held for Authorisation Transaction Number AGV70663

### Transaction Details


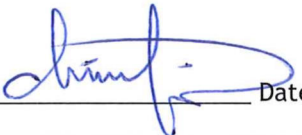
ANZ to Other Bank Transfer
From Account: 5691140
Transfer Amount in Local Currency: SBD 15,000.00
Transfer From Amount: SBD 15,000.00
Indicative :
My Reference: Student Pickup
Payment Details

You can view the status and details of your transactions and requests for the last 12 months via ANZ Internet Banking.





# PAYMENT VOUCHER

Payment: Voucher No:	
NAME: Glen Campbell	APPROVED BY EXECUTIVE DIRECTOR
Address:	Signed <u></u> Date <u>22/08/23</u>
IF DIRECT CREDITS ISSUED: BANK REF #: _____ Signed _____	APPROVED BY FINANCIAL CONTROLLER Signed <u></u> Date <u>22/8/23</u>

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2402	Hire Plant & Vehicles	Being for vehicle hiring for NHA Staff's - Student pickup and drop off.	\$15,000.00

Cheque No: IB TRANS for \$15,000.00 Date 21/08/2023

Signature of claimant \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Payment Voucher Prepared by  Date 21/08/2023



# NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: NHA-662/23

DEPARTMENT: NHA-Admin

## PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
		Payment for vehicle hire for NHA staff's - student pick up and drop off.	Alan Campbell		\$15,000
			TOTALS \$15,000		
<p>Approval is requested to incur expenditure on the above</p> <p>Estimated Cost (SBD): <u>\$15,000</u>      Date: <u>15/8/23</u></p> <p>Requisition Officer (Name): <u>[Signature]</u>      Sign: <u>[Signature]</u></p>			<p>Account Code: <u>6-2402</u></p> <p>Account Name: <u>Hire Plant &amp; Vehicle.</u></p> <p>Funds available on this account: _____</p>		
<p>Supervisors Certification (Accountable Officers):</p> <p>Certifying Officer (Name): <u>Debbie Rence</u>      Sign: <u>[Signature]</u></p> <p>Post: <u>FC</u></p> <p>Department: <u>NHA</u></p>			<p>Authority is granted for expenditure not exceeding:</p> <p>SBD\$ <u>15,000.00</u></p> <p>Signed: <u>[Signature]</u></p> <p>Name: <u>[Signature]</u></p> <p>Note: Authority for expenditure must be given by accounting officer or his/her delegated</p>		
<p>Threshold Checklist</p> <p>Payment requires one quote (10,000 below) <input type="checkbox"/></p> <p>Payment requires three quotes (\$10,000.00 above) <input type="checkbox"/></p> <p>Is it a ITB Contract Payment <input type="checkbox"/></p> <p>Is it a GTB Contract Payment <input type="checkbox"/></p> <p>Payment is a Bid Waiver <input type="checkbox"/></p>			<p>Compliance Check by: <u>[Signature]</u>      Signature</p> <p>Name: <u>D. Rence</u>      Date: <u>16/8/23</u></p> <p>Position: <u>FC</u></p>		

Copy 1 White      NHA Finance  
 Copy 2 Pink      Compliance Department  
 Copy 3 Yellow      Requesting Department



# NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: NHA - 662/23  
 DEPARTMENT: NHA - Admin

## PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
		Payment for vehicle hire for NHA staff's - student pick up and drop off.	Glen Campbell	02117	\$15,000
<b>TOTALS</b>					\$15,000
<b>Approval is requested to incur expenditure on the above</b> Estimated Cost (SBD): <u>\$15,000</u> Date: <u>15/8/23</u> Requisition Officer (Name): <u>[Signature]</u> Sign: <u>[Signature]</u>			Account Code: <u>6-2402</u> Account Name: <u>Hire of a vehicle</u> Funds available on this account: <u>[Signature]</u>		
<b>Supervisors Certification (Accountable Officers):</b> Certifying Officer (Name): <u>Debbie France</u> Sign: <u>[Signature]</u> Post: <u>FC</u> Department: <u>NHA</u>			<b>Authority is granted for expenditure not exceeding:</b> SBD\$ <u>15,000.00</u> Signed: <u>[Signature]</u> Name: <u>[Signature]</u> Note: Authority for expenditure must be given by accounting officer or his/her deligated		
<b>Threshold Checklist</b> Payment requires one quote (10,000 below) <input type="checkbox"/> Payment requires three quotes (\$10,000.00 above) <input type="checkbox"/> Is it a ITB Contract Payment <input type="checkbox"/> Is it a GTB Contract Payment <input type="checkbox"/> Payment is a Bid Waiver <input type="checkbox"/>			Compliance Check by: <u>[Signature]</u> Signature Name: <u>D. France</u> Date: <u>16/8/23</u> Position: <u>FCM</u>		



## MINUTE

To: Executive Director NHA  
Attention: Financial Controller NHA

Date: 15-08-2023

### **SUBJECT: INVOICE FOR PAYMENTS-GLEN CAMPBELL**

I am hereby requesting for payments to GLEN CAMPBELL; for providing the transportation services to the National Hosting Authority NHA-Students pick up and drop off. The Service worth \$15,000.00 **SBD**. For the 24<sup>th</sup> of July 2023 to 1<sup>st</sup> of August 2023

See the attached Invoice.

Grateful, Seek your approval for this payment.

Thank you

A handwritten signature in black ink, appearing to read 'Joel Levata', with a long horizontal line extending to the right.

Joel Levata  
Hr and Admin Officer  
Email: [JLevata@sol2023.com.sb](mailto:JLevata@sol2023.com.sb)  
Mobile: 7380007



Original

**TAX INVOICE\*/STATEMENT\***  
(delete as appropriate)

05

Date 15/08/23

To NHA

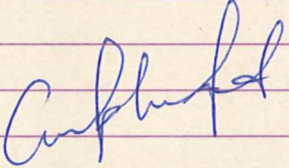
(of Recipient)

Order No.

From GLEN CAMPBELL

CONTACT: 7198329

ABN (of Supplier)

QTY	DESCRIPTION	PRICE	G.S.T.	TOTAL
	Being for student pick up and drop off of NHA staff children @ \$500 per day from 24/07/23 - 01/08/23			
	BANK: BRED			
	Acc name: GLEN CAMPBELL			
	Acc no #: 20103663423019			
				
				\$15,000

TOTAL INCLUSIVE OF G.S.T.

Total includes G.S.T. of



# 2023 PACIFIC GAMES OFFICE

## Approval /Signature Required

Supplier Name: Glen Campbell

- 1) Minute  Sign by FC [Signature] Sign by ED \_\_\_\_\_
- 3) Requisition  Sign by Compliance officer \_\_\_\_\_
- 2) Requisition  Sign by FC [Signature] Sign by ED \_\_\_\_\_
- 3) Payment Voucher  Sign by FC [Signature] Sign by ED \_\_\_\_\_
- 4) LPO  Sign by FC \_\_\_\_\_ Sign by ED \_\_\_\_\_
- 5) IB Authorisations  Sign by FC [Signature] Sign by ED [Signature]

9/10/23

### Comments:

Please Attach Bid waiver for ED signing/C

**RECIEVED**  
DATE 5/10/23  
SIGN [Signature]

ED to authorize on IB 10/10/23

Dowe - 11/10/23



### Transaction or Request Lodgement Receipt

**Transaction or Request Description:** ANZ to Other Bank Transfer  
**Transaction or Request Status:** Posted  
**Date / Time:** 09/10/2023 08:09  
**Transaction Number:** AHC78522

#### Transaction Details:

ANZ to Other Bank Transfer

From Account: 5691140  
 Transfer Amount in Local Currency: SBD 22,500.00  
 Transfer From Amount: SBD 22,500.00  
 Indicative :  
 My Reference: Student Pickup

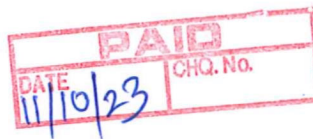
#### Payment Details

Account Name: Glen Campbell  
 Account Number: 20103663423019  
 Bank Name: Bred Bank  
 Reference To Payee : INV#115212-NHA

Pay Date : 09/10/2023

#### Comments:

\*\*\*\*\* Authorisation Details \*\*\*\*\*  
 09/10/2023 08:09 Pauline Tovua  
 Authorisation Required for : ANZ to Other Bank Transfer (2A)  
 11/10/2023 11:49 Christian Nieng  
 Authorised -ANZ to Other Bank Transfer  
 Comments : verified  
 11/10/2023 13:01 Debbie Ofaeri Sifoni  
 Authorised -ANZ to Other Bank Transfer  
 11/10/2023 13:01 Debbie Ofaeri Sifoni  
 Transaction Processed  
 \*\*\*\*\*



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### Transaction or Request Lodgement Receipt

**Transaction or Request Description:** ANZ to Other Bank Transfer  
**Transaction or Request Status:** Posted  
**Date / Time:** 09/10/2023 08:09  
**Transaction Number:** AHC78522

#### Transaction Details:

ANZ to Other Bank Transfer

From Account: 5691140  
 Transfer Amount in Local Currency: SBD 22,500.00  
 Transfer From Amount: SBD 22,500.00  
 Indicative :  
 My Reference: Student Pickup

#### Payment Details

Account Name: Glen Campbell  
 Account Number: 20103663423019  
 Bank Name: Bred Bank  
 Reference To Payee : INV#115212-NHA

Pay Date : 09/10/2023

#### Comments:

\*\*\*\*\* Authorisation Details \*\*\*\*\*  
 09/10/2023 08:09 Pauline Tovua  
 Authorisation Required for : ANZ to Other Bank Transfer (2A)  
 11/10/2023 11:49 Christian Nieng  
 Authorised -ANZ to Other Bank Transfer  
 Comments : verified  
 11/10/2023 13:01 Debbie Ofaeri Sifoni  
 Authorised -ANZ to Other Bank Transfer  
 11/10/2023 13:01 Debbie Ofaeri Sifoni  
 Transaction Processed  
 \*\*\*\*\*

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## Your Reference

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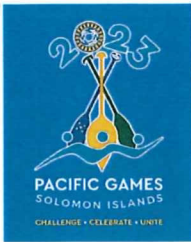
## Held for Authorisation Transaction Number AHC78522

### Transaction Details



ANZ to Other Bank Transfer
From Account: 5691140
Transfer Amount in Local Currency: SBD 22,500.00
Transfer From Amount: SBD 22,500.00
Indicative :
My Reference: Student Pickup
Payment Details

You can view the status and details of your transactions and requests for the last 12 months via ANZ Internet Banking.





# PAYMENT VOUCHER

Payment: Voucher No:	 APPROVED BY EXECUTIVE DIRECTOR Signed _____ Date <u>7/11/23</u>
NAME: Glen Campbell Address:	
IF DIRECT CREDITS ISSUED: BANK REF #: _____ Signed _____	APPROVED BY FINANCIAL CONTROLLER Signed  Date <u>6/10/23</u>

NHA CODE	GL NAME	FULL DETAILS OF CLAIM	AMOUNT
6-2402	Hire Plant & Vehicles	Transport Services to NHA Staff Kids Pick up & Drop Off	\$22,500.00

Cheque No: IB \_\_\_\_\_ for \$22,500.00 Date 6/10/2023

Signature of claimant \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Payment Voucher Prepared by  \_\_\_\_\_ Date 6/10/23



# NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: NHA-938/23  
 DEPARTMENT: NHA - FINANCE

## PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
		Payment for providing the transportation services to NHA staff kids. *student pick up & drop off from September 04 <sup>th</sup> to November 04 <sup>th</sup> , for west side Honiara.	Glen Campbell		\$22,500-00
TOTALS					\$22,500-00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): \$22,500-00 Date: 5/10/23  
 Requisition Officer (Name): Charity M Sign: [Signature]

Account Code: 6-2803  
 Account Name: Transport - Other  
 Funds available on this account: \_\_\_\_\_

Supervisors Certification (Accountable Officers):

Certifying Officer (Name): Delbre-Renee Sign: [Signature]  
 Post: FC  
 Department: NHA

Authority is granted for expenditure not exceeding: \$22,500.00  
 Signed: [Signature]  
 Name: CNL

Note: Authority for expenditure must be given by accounting officer or his/her deligated



Threshold Checklist

Payment requires one quote (10,000 below)	<input type="checkbox"/>
Payment requires three quotes (\$10,000.00 above)	<input type="checkbox"/>
Is it a ITB Contract Payment	<input type="checkbox"/>
Is it a GTB Contract Payment	<input type="checkbox"/>
Payment is a Bid Waiver	<input type="checkbox"/>

Compliance Check by: [Signature] Signature  
 Name: Phmane Date: 5/10/23  
 Position: FCM

Copy 1 White NHA Finance  
 Copy 2 Pink Compliance Department  
 Copy 3 Yellow Requesting Department



# NATIONAL HOSTING AUTHORITY

REQUISITION NUMBER: NHA-938/23

DEPARTMENT: NHA - FINANCE

## PURCHASE REQUISITION

QUANTITY	UNIT	DESCRIPTION (Full and clear details of payment)	PURCHASING OFFICER USE ONLY		
			SUPPLIER	ORDER NO.	COST
		Payment for providing the transportation services to NHA staff kids. 1 student pick up & drop off from September 04 <sup>th</sup> to November 04 <sup>th</sup> , for West side Honiara.	Glen Campbell		\$22,500.00
<b>TOTALS</b>					\$22,500.00

Approval is requested to incur expenditure on the above

Estimated Cost (SBD): \$22,500.00  
 Requisition Officer (Name): Charity M  
 Date: 5/10/23  
 Sign: [Signature]

Account Code: 6-2803  
 Account Name: Transport - other  
 Funds available on this account: \_\_\_\_\_

**Supervisors Certification (Accountable Officers):**  
 Certifying Officer (Name): Debbie Rence  
 Post: NHA  
 Department: \_\_\_\_\_  
 Sign: [Signature]

**Authority is granted for expenditure not exceeding:**  
 SBD\$ 22,500  
 Signed: [Signature]  
 Name: \_\_\_\_\_

Note: Authority for expenditure must be given by accounting officer or his/her deligated  
 Compliance Check by: \_\_\_\_\_ Signature  
 Name: Pitmane Date: 5/10/23  
 Position: PA

**Threshold Checklist**

Payment requires one quote (10,000 below)	<input type="checkbox"/>
Payment requires three quotes (\$10,000.00 above)	<input type="checkbox"/>
Is it a ITB Contract Payment	<input type="checkbox"/>
Is it a GTB Contract Payment	<input type="checkbox"/>
Payment is a Bid Waiver	<input type="checkbox"/>

Copy 1 White NHA Finance  
 Copy 2 Pink Compliance Department  
 Copy 3 Yellow Requesting Department

Original

**TAX INVOICE\*/STATEMENT\* 0115212**

(\*delete as appropriate)

Date 02/10/2023

To NHA

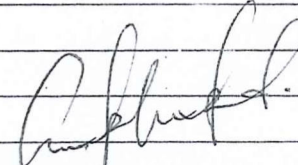
ABN (of Recipient)

Order No.

From GLEN CAMPBELL

CONTACT: 7198 329

ABN (of Supplier)

QTY	DESCRIPTION	PRICE	G.S.T	TOTAL
	Being for 45 days student pickup and drop off for the month of September to November 4th 2023	\$500		\$22,500
	BANK: BRED			
	ACC: GLEN CAMPBELL			
	ACCNO: 2010 366 34 23 019			
				

TOTAL INCLUSIVE OF G.S.T. \$22,500

Total inclusive G.S.T. of

# Solomon Islands Government

## Bid / Quotation Waiver

In some instances it is recognised it may not be possible to observe the requirements of competitive quotations or tendering as is stipulated in the FIs, and in which case a **Bid Waiver Form** must be completed. This is prepared by the Division / Section making the purchase, and approved by the Ministry Permanent Secretary. The waiver will only be granted in circumstances where observing the normal requirements would result in detriment to the people or assets of the Solomon Islands, or where no benefit would be obtained by observing the requirements. Example where a waiver would be granted include but would be limited to the below;

- In a declared emergency ( eg. SI at War, Emergency, Natural Disaster )
- There is a genuine market limitation on the number of suppliers
- Equipment is specialized or technical in nature

### Description of Product / Service

Transport service for student pick-up and drop-offs - NHA Staff's ~~students~~ kids.

### REASON FOR REQUEST ( Please Tick )

<input type="checkbox"/> Genuine Market Limitation	<input type="checkbox"/> Natural Disaster	<input type="checkbox"/> SI at War
<input type="checkbox"/> Public Emergency	<input type="checkbox"/> Technical or Specialized Equipment	

Please summarise the reason for the request (you may attach further support if necessary)

This payment is for transport service provided for NHA - Staff's kids for school dropoffs and pick-ups for 2 months from Sept to Nov 2023.

Requested by: Division / Section  
Linley Hatiah NHA - Finance

Signed:  Date: 5/10/2023

Post: Finance Officer

Approved by: Accounting Officer

Signed: 





National Hosting Authority

C4

**COMPLIANCE CHECKLIST  
(Up to \$200,000 SBD)**

Required documents:	FI Ref	Committee	NHA Compliance/ Finance	Comments
Purchase Requisition (PR) & Payment Voucher (PV)	P7 35			
Suppliers Invoice	P7 99			
Three Written Quotes and Bid Analysis (if above \$10,000 and these goods/services are not waived in FI's -Domestic Travel, Hotel Accom, Freight, Market and Perishable Goods)	P7 9, P7 10 & P7 13			
Bid Waiver (if not following prescribed procurement method in the FI's)	P7 10.3 & 10.4, P7 7.1 (f)			
Vendor Information Form (for new vendor)				
ICT Checklist attached (if for ICT equipment)				
<b>Compliance checks required by Finance</b>				
Check supplier doesn't accept LPO's			✓	
Check no other supplier will supply same goods using an LPO			✓	
PV/PR has been signed by authorized person.	P7 44		✓	
Check amount on PV/PR matches Pro-forma Invoice			✓	
Account code used is correct	P7 38.5(e)		✓	
Vendor name on PV/PR matches Pro-forma Invoice	P7 38.5(e)		✓	

Check calculations on Invoice are correct	P7 43.2(c)		✓	
Check Bid Waiver is for a Valid Reason			✓	
Check selection of supplier is justified on Bid Analysis			✓	
Check Expenditure is acceptable and proper use of SIG money.	P7 43.2(a)		✓	
Check second and third quotes are from genuine suppliers.			N/A	
Check price and rates are reasonable.	P7 43.2(b)		✓	
Check payment can't be made through Ministry's Standing Imprest (if below \$5,000 SBD)			✓	

**Note: If any of the above is not able to be certified please include an explanation of why. This will speed up the compliance process.**


**Committee Compliance performed by:**

Signed: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Date: \_\_\_\_\_

**NHA Secretariat Compliance performed by:**

Signed:  \_\_\_\_\_

Name and Position: Phmar (Pen)

Date: 5/10/23

**Finance & Account s NHA Secretariat Compliance performed by:**

Signed: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Date: \_\_\_\_\_



MINUTE



To: Executive Director NHA

Attn: Financial Controller NHA

Date: 03-09-23

**Subject: INVOICE FOR PAYMENT – GLEN CAMPBELL**

I am hereby requesting for the processing of payment to GLEN CAMPBELL for providing the transportation services to NHA Staff Kids (Students who are residing at the Western Side of Honiara)

- Students pick up and drop off from September 04<sup>th</sup> to November 04<sup>th</sup> which is the last day for classes for some students. This is the final payment.

The service cost **\$22, 500.00**

Grateful, approval is sought to process this payment.

Thank you.

A handwritten signature in black ink, appearing to read 'Joel Levata'.

Joel Levata  
HR and Admin Officer  
Email: [JLevata@sol2023.com.sb](mailto:JLevata@sol2023.com.sb)  
Mobile: 7380007



ANNEX 4

## REQUEST FOR QUOTATIONS – GOODS/SERVICES

Date: 03/10/23

To All Bidders,

1. The National Hosting Authority has budget financing and intends to apply part of the proceeds of this financing to procure Goods/Services per the enclosed specifications, and now invites sealed bids for this purpose.
2. Your quotation, citing the above reference number, should reach the undersigned within 7 days from the date of this letter.
3. The goods shall be procured using the Simple Procurement Procedures specified in the Solomon Islands Government Procurement and Contract Administration Manual.
4. The Technical Specifications and Delivery Schedule are provided in the attached Schedule of Requirements.
5. This request for quotation has been addressed to three (3) Suppliers of these goods/services.
6. The goods/services supplied under this contract shall conform to the standards provided in the attached Technical Specifications.
7. The Supplier is required to supply any equipment listed in the Technical Specifications together with the detailed operations and maintenance manuals, for each appropriate unit.
8. The Supplier shall warrant that any equipment supplied under the contract is new and unused.
9. Prices should be quoted for delivery to the National Hosting Authority Honiara, Solomon Islands.
10. The validity for the quotation shall be thirty (30) days from the date of submitting the quotation.
11. One (1) original and one (1) copy of the quotation shall be submitted in a sealed envelope and addressed to the Administration office/PMU/NHA Honiara, Solomon Islands.
12. Please indicate delivery schedule and after sales service (if relevant) available to NHA, Honiara.
13. Submission of a quotation is confirmation of the tenderer's compliance with, and acceptance of, the terms and conditions including the payment terms of this Request for Quotation.

14. The Purchase Order will be awarded on the basis of price, delivery dates, and quality offered against the Schedule of Requirements Technical Specifications.
15. The successful Supplier shall be notified in writing and furnished with a Local Purchase Order (LPO) and have an effective contract with the NHA on receipt of the duly signed Local Purchase Order. The terms and conditions of this Request for Quotation shall form part of the contract.
16. The Purchaser may terminate the contract if the Supplier fails to deliver any or all of the goods/services within the period specified, or within any extension thereof granted in writing by the NHA.
17. The Supplier shall not assign, in whole or in part, its obligation to perform under this contract, except with the written consent of the NHA.
18. Prices charged by the Supplier for the goods/services shall not vary from prices quoted. Prices shall therefore be fixed.
19. The Supplier's request for payment shall be made in writing, accompanied by an invoice and an LPO confirming delivery of the goods/services. All payments shall be made promptly and in no case later than twenty (20) days after delivery and acceptance of the goods. Payments will only be made by cheque or direct transfer into the Supplier's business bank account.

Please acknowledge the receipt of this letter and indicate your firm's interest in submitting quotations.



.....

**Joel Levata**  
**HR and Admin Officer**  
**Human Resource**  
**Department**  
**National Hosting Authority**



## SCHEDULE OF REQUIREMENTS

<b>No.</b>	<b>Item Name</b>	<b>Specification</b>	<b>Quantity</b>	<b>Delivery Date</b>
1	Taxi Hired-Glen Campbell	Students pick up and drop off, of NHA staff Kids for west Honiara, From September 4 <sup>th</sup> to November 4 <sup>th</sup> , 2023. The end date is the Last day of class for Students.	2 months	N/A or Until LPO ready and payments done